U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Manageme and Budget No. 1215-0188 Expires 11-30-200

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3649	2. Fiscal Year Covered From:		
	01/01/2004 Through: 12/31/2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael Nunez	Name Plumbers & Steamfitters U.A. Local 106		
P.O. Box, Bldg., Room No., if any	Labor Organization File Number  021 – 168  P.O. Box, Building and Room Number, if any		
Street 4190 Hibernia Lane	Street 2013 Ryan Street		
City Lake Charles	City Lake Charles		
State Louisiana ZIP Code + 4 70611	State Louisiana ZIP Code + 4 70601		
5. Position in labor organization. Finance Committee			
	\		
A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizati			
i. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:	· •		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

City

State

Merha Muy

ZIP Code + 4

on 7-10-05

(331) 436-4373 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary values and substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or adjrectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Plumbers & Steamfitters Local 106 Health & Welfare Fund Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 822 North Lakeshore Dr.	c. Employer
City Lake Charles	
State Louisiana ZIP Code + 4 70601	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Health & Welfare Trust Fund
Trade Name, if any:	for Labor Organization TRUSTEE
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
and the state of t	12.a. Nature of interest held or income received.
State ZIP Code + 4	Lost wages for Board of Trustees meetings.
•	
	12.b. Amount. \$30.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money or	r parts A and R above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

14.b. Amount of payment.

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

36,64

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to or otherwise
8. Name and address of Business (including trade name, if any).  Name Plumbers & Steamfitters Local 106 Pension Trust Fund Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 822 North Lakeshore Dr.  City Lake Charles  State Louisiana  ZIP Code + 4 70601	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Pension Trust Fund for Labor Organization TRUSTEE
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Lost time wages for Board of Trustees meetings.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.  14.a. Nature of payment.
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
	·

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
of an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Joint Plumbers & Steamfitters Educational & Training Fund Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 1356  Street	a. Labor Organization b. Trust c. Employer	
City Lake Charles		
State Louisiana ZIP Code + 4 70602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Joint Apprenticeship Training Programs for Labor Organization INSTRUCTOR	
P.O. Box, Bldg., Room No., if any		
Street		
City.	11.b. Approximate dollar value of such dealing.	
The second of th	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Wages for Instructing classes.  12.b. Amount \$6,099.00	

or from any labor relations consultant	to an employer any payment o	f money	or other thing of value.	
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				1
Street				
City				/
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	